

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033101

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2300

STATE FILE NUMBER

VS 300
Rev. 4/591 4000
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH FILED AUG 20 1962a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Spanish Lake AreaLength of stay in 1b
15 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1651 RedmanInside Limits
Yes ☒ No ☐c. CITY OR TOWN Spanish Lake AreaInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1651 RedmanReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GEORGEB.BUEHLMAIER

4. DATE OF DEATH

Month

Day

Year

August6,19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Oct. 4, 18899. AGE (last birthday)
72IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired, Supervisor10b. KIND OF BUSINESS OR INDUSTRY
U.S. Post Office11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Bernard Buehlmaier

13b. MOTHER'S MAIDEN NAME

Minnie (Unknown)

14. NAME OF HUSBAND OR WIFE

Hazel Buehlmaier15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None17. INFORMANT
Mrs. Hazel Buehlmaier
Address
1651 Redman18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Premort Cerebral Hemorrhage - HCV D -PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/11/62 to 8/6/62 and last saw him alive on 7/3/62
Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BurialAugust 9, 1962St. John's CemeterySt. Louis County, Missouri24. FUNERAL DIRECTOR
Calvin F. Feutz Funeral Home
4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Dr. Franklin P. Knight
10011 Bellefontaine Road
UN 7-1333

HOURS:
Tuesday 2 to 6 PM
NO WEDNESDAY HOURS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Miller

Licensed Embalmer No. 4186

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.